

## REGISTRATION FORM

### Marsh Dieback Workshop February 3-4, 2004 Savannah, Georgia

Full Name: \_\_\_\_\_  
(for proceedings)

Name and Affiliation: \_\_\_\_\_  
(for your name badge)

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**If you are doing a project on coastal marsh dieback, please fill out a research summary form. This information will be distributed at the workshop.**

PLEASE return this form to the GEORGIA COASTAL RESEARCH COUNCIL office.

Email: [gcrcl@uga.edu](mailto:gcrcl@uga.edu)

FAX: 706-542-5888

Mail: Georgia Coastal Research Council  
246 Marine Sciences Building  
University of Georgia  
Athens, GA, 30602-3636

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